

Texas Education Agency Standard Application System (SAS)

2017–2019 Expanding Access to Advanced Academics		
Program authority:	General Appropriations Act, Article III, Rider 8, 84 th Texas Legislature	FOR TEA USE ONLY Write NOGA ID here: Place date stamp here: <div style="text-align: right; font-weight: bold;"> RECEIVED TEXAS EDUCATION AGENCY 2017 JUN 27 PM 12:51 DOCUMENT CONTROL CENTER GRANTS ADMINISTRATION </div>
Grant Period:	August 15, 2017, to May 31, 2019	
Application deadline:	5:00 p.m. Central Time, June 27, 2017	
Submittal information:	One original and two copies of the application, printed on one side only and signed by a person authorized to bind the applicant to a contractual agreement, must be received no later than the aforementioned date and time at this address: <div style="text-align: center;"> Document Control Center, Grants Administration Division Texas Education Agency, 1701 North Congress Ave Austin, TX 78701-1494 </div>	
Contact information:	Lauren Dwiggin, lauren.dwiggin@tea.texas.gov; (512) 463-8864	

Schedule #1—General Information				
Part 1: Applicant Information				
Organization name	County-District #		Amendment #	
Marfa ISD	189901			
Vendor ID #	ESC Region #			
	18			
Mailing address		City	State	ZIP Code
PO Box T		Marfa	TX	79843
Primary Contact				
First name	M.I.	Last name	Title	
Oscar	N.	Aguero	Superintendent	
Telephone #	Email address		FAX #	
432-729-5500	oaquero@marfaisd.com			
Secondary Contact				
First Name	M.I.	Last name	Title	
Amy	J	White	Principal	
Telephone #	Email address		FAX #	
432-729-5500	amywhite@marfaisd.com			
Part 2: Certification and Incorporation				

I hereby certify that the information contained in this application is, to the best of my knowledge, correct and that the organization named above has authorized me as its representative to obligate this organization in a legally binding contractual agreement. I further certify that any ensuing program and activity will be conducted in accordance with all applicable federal and state laws and regulations, application guidelines and instructions, the general provisions and assurances, debarment and suspension certification, lobbying certification requirements, special provisions and assurances, and the schedules attached as applicable. It is understood by the applicant that this application constitutes an offer and, if accepted by the Agency or renegotiated to acceptance, will form a binding agreement.

Authorized Official:

First name	M.I.	Last name	Title
Oscar	N.	Aguero	Superintendent
Telephone #	Email address		FAX #
432-729-5500	oaquero@marfaisd.com		
Signature (blue ink preferred)		Date signed	

Only the legally responsible party may sign this application.

June 23, 2017



701-17-102-007

2017-016528

Schedule #1—General Information

County-district number or vendor ID: 189901

Amendment # (for amendments only):

Part 3: Schedules Required for New or Amended Applications

An X in the "New" column indicates a required schedule that must be submitted as part of any new application. The applicant must mark the "New" checkbox for each additional schedule submitted to complete the application.

For amended applications, the applicant must mark the "Amended" checkbox for each schedule being submitted as part of the amendment.

Schedule #	Schedule Name	Application Type	
		New	Amended
1	General Information	x	<input checked="" type="checkbox"/>
2	Required Attachments and Provisions and Assurances	x	N/A
3	Certification of Shared Services	<input type="checkbox"/>	<input type="checkbox"/>
4	Request for Amendment	N/A	<input checked="" type="checkbox"/>
5	Program Executive Summary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Program Budget Summary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	Payroll Costs (6100)	See Important Note For Competitive Grants*	<input type="checkbox"/>
8	Professional and Contracted Services (6200)		<input type="checkbox"/>
9	Supplies and Materials (6300)		<input type="checkbox"/>
10	Other Operating Costs (6400)		<input type="checkbox"/>
11	Capital Outlay (6600)		<input type="checkbox"/>
12	Demographics and Participants to Be Served with Grant Funds	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	Needs Assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Management Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	Project Evaluation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Responses to TEA Requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>

***IMPORTANT NOTE FOR COMPETITIVE GRANTS:** Schedules #7, #8, #9, #10 and #11 are required schedules if any dollar amount is entered for the corresponding class/object code on Schedule #6—Program Budget Summary. For example, if any dollar amount is budgeted for class/object code 6100 on Schedule #6—Program Budget Summary, then Schedule #7—Payroll Costs (6100) is required. If it is either blank or missing from the application, the application will be disqualified.

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Schedule #2—Required Attachments and Provisions and Assurances

County-district number or vendor ID: 189901

Amendment # (for amendments only):

Part 1: Required Attachments

The following table lists the fiscal-related and program-related documents that are required to be submitted with the application (attached to the back of each copy, as an appendix).

#	Applicant Type	Name of Required Fiscal-Related Attachment
No fiscal-related attachments are required for this grant.		
#	Name of Required Program-Related Attachment	Description of Required Program-Related Attachment
1.	Memorandum of Understanding	For applicants within Focus Area 2, a signed or draft Memorandum of Understanding (MOU) between participating entities, including program responsibilities and assurances must be attached. See Written Agreement Template for instructions.

Part 2: Acceptance and Compliance

By marking an X in each of the boxes below, the authorized official who signs Schedule #1—General Information certifies his or her acceptance of and compliance with all of the following guidelines, provisions, and assurances.

Note that provisions and assurances specific to this program are listed separately, in Part 3 of this schedule, and require a separate certification.

X	Acceptance and Compliance
x	I certify my acceptance of and compliance with the General and Fiscal Guidelines.
x	I certify my acceptance of and compliance with the program guidelines for this grant.
x	I certify my acceptance of and compliance with all General Provisions and Assurances requirements.
x	I certify that I am not debarred or suspended. I also certify my acceptance of and compliance with all Debarment and Suspension Certification requirements.

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Schedule #2—Required Attachments and Provisions and Assurances

County-district number or vendor ID: 189901

Amendment # (for amendments only):

Part 3: Program-Specific Provisions and Assurances

x I certify my acceptance of and compliance with all program-specific provisions and assurances listed below.

#	Provision/Assurance
1.	The applicant provides assurance that program funds will supplement (increase the level of service), and not supplant (replace) state mandates, State Board of Education rules, and activities previously conducted with state or local funds. The applicant provides assurance that state or local funds may not be decreased or diverted for other purposes merely because of the availability of these funds. The applicant provides assurance that program services and activities to be funded from this grant will be supplementary to existing services and activities and will not be used for any services or activities required by state law, State Board of Education rules, or local policy.
2.	The applicant provides assurance that the application does not contain any information that would be protected by the Family Educational Rights and Privacy Act (FERPA) from general release to the public.
3.	The applicant provides assurance that the students will not be required to pay for Advanced Placement (AP) courses, with the exception of AP exams (funding may be used to assist students in paying for AP exam fees).
4.	The applicant provides assurance that the students will be provided the opportunity to take AP exam(s) for the courses taken.

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Schedule #3—Certification of Shared Services

County-district number or vendor ID: 189901

Amendment # (for amendments only):

I, as one of the below member entity authorized officials, certify that to the best of my knowledge, the information contained in this application is correct and complete, that the entity that I represent has authorized me to file this application, and that such authorization action is recorded in the minutes of the local agency's board meeting.

The participating or intermediate education agency named has been designated as the administrative and fiscal agent for this project and is authorized to receive and expend funds for the conduct of this project. The fiscal agent is accountable for all shared services arrangement (SSA) activities and is therefore responsible for ensuring that all funds including payments to members of SSAs are expended in accordance with applicable laws and regulations.

All participating agencies have entered into a written SSA agreement that describes the responsibilities of the fiscal agent and SSA members, including the refund liability that may result from on-site monitoring or audits and the final disposition of equipment, facilities, and materials purchased for this project from funds specified below.

It is understood that the fiscal agent is responsible for the refund for any exceptions taken as a result of on-site monitoring or audits; however, based upon the SSA agreement, which must be on file with the fiscal agent for review, the fiscal agent may have recourse to the member agencies where the discrepancy(ies) occurred.

Any additional funds that result from an increase will not require additional signatures. **Each member identified below acknowledges accountability for the requirements contained in the provisions and assurances listed in Schedule #2, Parts 2 and 3, as applicable.** Each member entity certifies its agreement to participate in this SSA, as stated throughout this grant application.

#	County-District # and Name	Authorized Official Name and Signature	Telephone Number and Email Address	Funding Amount
Fiscal Agent				
1.	189901	Oscar Aguero	432-729-5500	\$70,000
	Marfa ISD		oaguero@marfaisd.com	
Member Districts				
2.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
3.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
4.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
5.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
6.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
7.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
8.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	

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Schedule #3—Certification of Shared Services (cont.)				
County-district number or vendor ID:			Amendment # (for amendments only):	
#	County-District # and Name	Authorized Official Name and Signature	Telephone Number and Email Address	Funding Amount
Member Districts				
9.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
10.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
11.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
12.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
13.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
14.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
15.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
16.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
17.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
18.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
19.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
20.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
Grand total:				

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Schedule #4—Request for Amendment

County-district number or vendor ID:

Amendment # (for amendments only):

Part 1: Submitting an Amendment

This schedule is used to amend a grant application that has been approved by TEA and issued a Notice of Grant Award (NOGA). **Do not submit this schedule with the original grant application.** Refer to the instructions to this schedule for information on what schedules must be submitted with an amendment.

An amendment may be submitted by mail *or* by fax. Do not submit the same amendment by both methods. Amendments submitted via email will not be accepted.

If the amendment is mailed, submit three copies of each schedule pertinent to the amendment to the following address: Document Control Center, Grants Administration Division, Texas Education Agency, 1701 N. Congress Ave., Austin, TX 78701-1494.

If the amendment is faxed, submit one copy of each schedule pertinent to the amendment to either of the following fax numbers: (512) 463-9811 or (512) 463-9564.

The last day to submit an amendment to TEA is listed on the [TEA Grant Opportunities](#) page. An amendment is effective on the day TEA receives it in substantially approvable form. All amendments are subject to review and approval by TEA.

Part 2: When an Amendment Is Required

For all grants, regardless of dollar amount, prior written approval is required to make certain changes to the application. Refer to the "When to Amend the Application" guidance posted in the Amendment Submission Guidance section of the Grants Administration Division [Administering a Grant](#) page to determine when an amendment is required for this grant. Use that guidance to complete Part 3 and Part 4 of this schedule.

Part 3: Revised Budget

			A	B	C	D
#	Schedule #	Class/ Object Code	Grand Total from Previously Approved Budget	Amount Deleted	Amount Added	New Grand Total
1.	Schedule #7: Payroll	6100	\$	\$	\$	\$
2.	Schedule #8: Contracted Services	6200	\$	\$	\$	\$
3.	Schedule #9: Supplies and Materials	6300	\$	\$	\$	\$
4.	Schedule #10: Other Operating Costs	6400	\$	\$	\$	\$
5.	Schedule #11: Capital Outlay	6600	\$	\$	\$	\$
6.	Total direct costs:		\$	\$	\$	\$
7.	Indirect cost (%):		\$	\$	\$	\$
8.	Total costs:		\$	\$	\$	\$

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Schedule #4—Request for Amendment (cont.)

County-district number or vendor ID:

Amendment # (for amendments only):

Part 4: Amendment Justification

Line #	Schedule # Being Amended	Description of Change	Reason for Change
1.			
2.			
3.			
4.			
5.			
6.			
7.			

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Schedule #5—Program Executive Summary

County-district number or vendor ID: 18991

Amendment # (for amendments only):

Provide a brief overview of the program you plan to deliver. Refer to the instructions for a description of the requested elements of the summary. Response is limited to space provided, front side only, font size no smaller than 10 point Arial.

Marfa ISD is a designated Early College High School and wants to provide a top rate early college high school program experience. Marfa plans on providing a full time facilitator, books for the students, laptops for the students, travel to and from the university.

Marfa ISD plans on providing a full time facilitator for it students to have to assist in understanding all that is expected of them as a college student. The facilitator will work hand in hand with UTPB to ensure that all assignment are successful turned in on time and that all the work is completed by the student alone. The facilitator will also work with the school counselor so thought grades and attendance are recorded accurately. Lastly the facilitator will also work with the Early High School Coach provided by TEA to maintain that the program is operating with the guidelines of the state.

Marfa ISD will also provide all the necessary books for the students in the program as well as other optional books that may assist in the students learning. Marfa ISD will also provide individual laptops for all early college students, thus allowing them to continue their work outside of the classroom,

Lastley, Marfa ISD is located 180 miles awar from UTPB and will provide travel to and from UTPB so that the students may meet their professors at least twi times a semester. This will also provide the students with a college experience all be it for one or two days.

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By TEA staff person:

Schedule #5—Program Executive Summary (cont.)

County-district number or vendor ID: 189901

Amendment # (for amendments only):

Provide a brief overview of the program you plan to deliver. Refer to the instructions for a description of the requested elements of the summary. Response is limited to space provided, front side only, font size no smaller than 10 point Arial.

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By TEA staff person:

Schedule #6—Program Budget Summary

County-district number or vendor ID: 189901			Amendment # (for amendments only):		
Program authority: General Appropriations Act, Article III, Rider 8, 84th Texas Legislature					
Grant period: August 15, 2017, to May 31, 2019			Fund code/shared services arrangement code: 429/5842		
Budget Summary					
Schedule #	Title	Class/ Object Code	Program Cost	Admin Cost	Total Budgeted Cost
Schedule #7	Payroll Costs (6100)	6100	\$42,000	\$1000	\$43,000
Schedule #8	Professional and Contracted Services (6200)	6200	\$	\$	\$
Schedule #9	Supplies and Materials (6300)	6300	\$6000	\$6000	\$6000
Schedule #10	Other Operating Costs (6400)	6400	\$5,000	\$5000	\$5,000
Schedule #11	Capital Outlay (6600)	6600	\$13,000	\$3000	\$16000
Total direct costs:			\$	\$	\$70000
Percentage% indirect costs (see note):			N/A	\$	\$
Grand total of budgeted costs (add all entries in each column):			\$	\$	\$70000
Shared Services Arrangement					
6493	Payments to member districts of shared services arrangements		\$	\$	\$
Administrative Cost Calculation					
Enter the total grant amount requested:					\$
Percentage limit on administrative costs established for the program (15%):					× .15
Multiply and round down to the nearest whole dollar. Enter the result. This is the maximum amount allowable for administrative costs, including indirect costs:					\$

NOTE: Indirect costs are calculated and reimbursed based on actual expenditures when reported in the expenditure reporting system, regardless of the amount budgeted and approved in the grant application. If indirect costs are claimed, they are part of the total grant award amount. They are not in addition to the grant award amount.

Indirect costs are not required to be budgeted in the grant application in order to be charged to the grant. Do not submit an amendment solely for the purpose of budgeting indirect costs.

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Schedule #7—Payroll Costs (6100)

County-district number or vendor ID: 189901		Amendment # (for amendments only):	
Employee Position Title	Estimated # of Positions 100% Grant Funded	Estimated # of Positions <100% Grant Funded	Grant Amount Budgeted
Academic/Instructional			
1 Teacher	1	42000	42000
2 Educational aide			\$
3 Tutor			\$
Program Management and Administration			
4 Project director			\$
5 Project coordinator			\$
6 Teacher facilitator			\$
7 Teacher supervisor			\$
8 Secretary/administrative assistant			\$
9 Data entry clerk			\$
10 Grant accountant/bookkeeper			\$
11 Evaluator/evaluation specialist			\$
Auxiliary			
12 Counselor			\$
13 Social worker			\$
14 Community liaison/parent coordinator			\$
Education Service Center (to be completed by ESC only when ESC is the applicant)			
15 ESC specialist/consultant			\$
16 ESC coordinator/manager/supervisor			\$
17 ESC support staff			\$
18 ESC other			\$
19 ESC other			\$
20 ESC other			\$
Other Employee Positions			
21 Title			\$
22 Title			\$
23 Title			\$
24	Subtotal employee costs:		\$
Substitute, Extra-Duty Pay, Benefits Costs			
25 6112 Substitute pay			\$
26 6119 Professional staff extra-duty pay			\$
27 6121 Support staff extra-duty pay			\$
28 6140 Employee benefits			\$
29 61XX Tuition remission (IHEs only)			\$
30	Subtotal substitute, extra-duty, benefits costs		\$
31	Grand total (Subtotal employee costs plus subtotal substitute, extra-duty, benefits costs):		\$42000

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division [Administering a Grant](#) page.

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Schedule #8—Professional and Contracted Services (6200)		
County-district number or vendor ID: 189901		Amendment # (for amendments only):
NOTE: Specifying an individual vendor in a grant application does not meet the applicable requirements for sole-source providers. TEA's approval of such grant applications does not constitute approval of a sole-source provider.		
Professional and Contracted Services		
#	Description of Service and Purpose	Grant Amount Budgeted
1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$
9		\$
10		\$
11		\$
12		\$
13		\$
14		\$
a. Subtotal of professional and contracted services:		\$
b. Remaining 6200—Professional and contracted services that do not require specific approval:		\$
(Sum of lines a and b) Grand total		\$

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division Administering a Grant page.

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Schedule #9—Supplies and Materials (6300)		
County-District Number or Vendor ID: 189901		Amendment number (for amendments only):
Expense Item Description		Grant Amount Budgeted
6300	Total supplies and materials that do not require specific approval:	\$6000
Grand total:		\$6000

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division Administering a Grant page.

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Schedule #10—Other Operating Costs (6400)		
County-District Number or Vendor ID: 189901		Amendment number (for amendments only):
Expense Item Description		Grant Amount Budgeted
6412	Travel for students to conferences (does not include field trips). Requires authorization in writing. Specify purpose: Travel to and from UTPB	\$1000
6413	Stipends for non-employees other than those included in 6419	\$
6419	Non-employee costs for conferences. Requires authorization in writing.	\$
64XX	Hosting conferences for non-employees. Must be allowable per Program Guidelines, and grantee must keep documentation locally.	\$
Subtotal other operating costs requiring specific approval:		\$1000
Remaining 6400—Other operating costs that do not require specific approval:		\$4000
Grand total:		\$5000

In-state travel for employees does not require specific approval.

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division Administering a Grant page.

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Schedule #11—Capital Outlay (6600)

County-District Number or Vendor ID: 189901		Amendment number (for amendments only):		
#	Description and Purpose	Quantity	Unit Cost	Grant Amount Budgeted
6669—Library Books and Media (capitalized and controlled by library)				
1		N/A	N/A	\$
66XX—Computing Devices, capitalized				
2	HP Touch Screen 15.6in Laptop	26	\$500	\$13000
3			\$	\$
4			\$	\$
5			\$	\$
6			\$	\$
7			\$	\$
8			\$	\$
9			\$	\$
10			\$	\$
11			\$	\$
66XX—Software, capitalized				
12			\$	\$
13			\$	\$
14			\$	\$
15			\$	\$
16			\$	\$
17			\$	\$
18			\$	\$
66XX—Equipment, furniture, or vehicles				
19			\$	\$
20			\$	\$
21			\$	\$
22			\$	\$
23			\$	\$
24			\$	\$
25			\$	\$
26			\$	\$
27			\$	\$
28			\$	\$
66XX—Capital expenditures for additions, improvements, or modifications to capital assets that materially increase their value or useful life (not ordinary repairs and maintenance)				
29				\$
Grand total:				\$130000

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division Administering a Grant page.

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Schedule #12—Demographics and Participants to Be Served with Grant Funds

County-district number or vendor ID: 189901

Amendment # (for amendments only):

Part 1: Student/Teacher Demographics of Population To Be Served With Grant Funds. Enter the data requested for the population to be served by this grant program. If data is not available, enter DNA. Use the comment section to add a description of any data not specifically requested that is important to understanding the population to be served by this grant program. Response is limited to space provided. Use Arial font, no smaller than 10 point.

Student Category	Student Number	Student Percentage	Comment
Economically disadvantaged	9	51%	Percentage of students in the program at this time
Limited English proficient (LEP)	9	51%	
Disciplinary placements	0	0%	
Attendance rate	NA	93%	
Annual dropout rate (Gr 9-12)	NA	0%	
Teacher Category	Teacher Number	Teacher Percentage	Comment
1-5 Years Exp.	0	0%	
6-10 Years Exp.	1	7 %	
11-20 Years Exp.		%	
20+ Years Exp.		%	
No degree		%	
Bachelor's Degree		%	
Master's Degree		%	
Doctorate		%	

Part 2: Students/Teachers To Be Served With Grant Funds. Enter the number of students in each grade, by type of school, projected to be served under the grant program.

School Type: ☒ Public ☐ Open-Enrollment Charter ☐ Private Nonprofit ☐ Private For Profit ☐ Public Institution

Students

PK	K	1	2	3	4	5	6	7	8	9	10	11	12	Total
										7	5	5	6	23

Teachers

PK	K	1	2	3	4	5	6	7	8	9	10	11	12	Total
										1				1

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Schedule #13—Needs Assessment

County-district number or vendor ID: 189901

Amendment # (for amendments only):

Part 1: Process Description. A needs assessment is a systematic process for identifying and prioritizing needs, with "need" defined as the difference between current achievement and desired outcome or required accomplishment. Describe your needs assessment process, including a description of how needs are prioritized. If this application is for a district level grant that will only serve specific campuses, list the name of the campus(es) to be served and why they were selected. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

The process we used was looking at why our students were not being successful in their college classes. We interviewed students, parents, and staff. The most pressing item we found is that our students did not have a consistent teacher to turn to for assistance. We found this to be the cause of 13% of our students failing their college class and over 66% of the students not receiving a score higher than 77%.

The survey also showed us that of those students being successful only, many of them were not economically disadvantaged. 81% of the students in the program did not have a personal computer or a means to continue to work outside of the school day. These students did not have their own device and were falling behind in their work due to the lack of access to the web based instruction.

The survey also showed us that 43% of students were not continuing with the program because of loss of interest. They did not see the fun in taking a college class and were missing the college experience

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By TEA staff person:

Schedule #13—Needs Assessment (cont.)

County-district number or vendor ID: 189901

Amendment # (for amendments only):

Part 2: Alignment with Grant Goals and Objectives. List your top five needs, in rank order of assigned priority. Describe how those needs would be effectively addressed by implementation of this grant program. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Identified Need	How Implemented Grant Program Would Address
1.	Consistent Teacher in the classroom	Hire a certified teacher and have one teacher accountable for the success of the program and the students
2.	One to One devices	Students would have access to the college work at all times. Students would not fall behind and thus struggle and quit.
3.	Travel to University	Students would see the excitement of being a college student and want to continue in the program.
4.		
5.		

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Schedule #14—Management Plan

County-district number or vendor ID: 189901

Amendment # (for amendments only):

Part 1: Staff Qualifications. List the titles of the primary project personnel and any external consultants projected to be involved in the implementation and delivery of the program, along with desired qualifications, experience, and any requested certifications. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Title	Desired Qualifications, Experience, Certifications
1.	Early College Facilitator	Texas Certified Teacher
2.		
3.		
4.		
5.		

Part 2: Milestones and Timeline. Summarize the major objectives of the planned project, along with defined milestones and projected timelines. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Objective	Milestone	Begin Activity	End Activity
1.	Increase number of Eco Dis student	1. Increase the % by 30%	08/28/2017	08/25/2018
		2. Increase to 85% of all Eco Dis students in the program	08/28/2017	05/27/2019
		3.	XX/XX/XXXX	XX/XX/XXXX
		4.	XX/XX/XXXX	XX/XX/XXXX
		5.	XX/XX/XXXX	XX/XX/XXXX
2.		1.	XX/XX/XXXX	XX/XX/XXXX
		2.	XX/XX/XXXX	XX/XX/XXXX
		3.	XX/XX/XXXX	XX/XX/XXXX
		4.	XX/XX/XXXX	XX/XX/XXXX
		5.	XX/XX/XXXX	XX/XX/XXXX
3.		1.	XX/XX/XXXX	XX/XX/XXXX
		2.	XX/XX/XXXX	XX/XX/XXXX
		3.	XX/XX/XXXX	XX/XX/XXXX
		4.	XX/XX/XXXX	XX/XX/XXXX
		5.	XX/XX/XXXX	XX/XX/XXXX
4.		1.	XX/XX/XXXX	XX/XX/XXXX
		2.	XX/XX/XXXX	XX/XX/XXXX
		3.	XX/XX/XXXX	XX/XX/XXXX
		4.	XX/XX/XXXX	XX/XX/XXXX
		5.	XX/XX/XXXX	XX/XX/XXXX
5.		1.	XX/XX/XXXX	XX/XX/XXXX
		2.	XX/XX/XXXX	XX/XX/XXXX
		3.	XX/XX/XXXX	XX/XX/XXXX
		4.	XX/XX/XXXX	XX/XX/XXXX
		5.	XX/XX/XXXX	XX/XX/XXXX

Unless pre-award costs are specifically approved by TEA, grant funds will be used to pay only for activities

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occurring between the beginning and ending dates of the grant, as specified on the Notice of Grant Award.

Schedule #14—Management Plan (cont.)

County-district number or vendor ID: 189901

Amendment # (for amendments only):

Part 3: Feedback and Continuous Improvement. Describe the process and procedures your organization currently has in place for monitoring the attainment of goals and objectives. Include a description of how the plan for attaining goals and objectives is adjusted when necessary and how changes are communicated to administrative staff, teachers, students, parents, and members of the community. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Administration and facilitator will meet monthly to discuss where students are against the syllabus. Administration and facilitator will work together to improve attendance and participation in class. Administration will quarterly test students to see what improvements need to be done to ensure that Eco Dis students are being added to the program.

Part 4: Sustainability and Commitment. Describe any ongoing, existing efforts that are similar or related to the planned project. How will you coordinate efforts to maximize effectiveness of grant funds? How will you ensure that all project participants remain committed to the project's success? Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Marfa ISD is working with the university to identify more students eligible for the program. Teachers are being trained in rigor to assist in the preparedness of students in the program. 73% of staff are trained in AVID, assisting all student.

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Schedule #15—Project Evaluation

County-district number or vendor ID: 189901

Amendment # (for amendments only):

Part 1: Evaluation Design. List the methods and processes you will use on an ongoing basis to examine the effectiveness of project strategies, including the indicators of program accomplishment that are associated with each. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Evaluation Method/Process	Associated Indicator of Accomplishment	
1.	Grades Reporting	1.	75% of students with a grade of 80 or higher
		2.	80% of student with a grade of 90 of higher
		3.	
2.	Student involvement	1.	60% of Eco Dis in the program
		2.	85% of all student in the program
		3.	100% of all student stay in the program once entered
3.		1.	
		2.	
		3.	
4.		1.	
		2.	
		3.	
5.		1.	
		2.	
		3.	

Part 2: Data Collection and Problem Correction. Describe the processes for collecting data that are included in the evaluation design, including program-level data such as program activities and the number of participants served, and student-level academic data, including achievement results and attendance data. How are problems with project delivery to be identified and corrected throughout the project? Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

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Schedule #17—Responses to TEA Program Requirements

County-district number or vendor ID: 189901

Amendment # (for amendments only):

TEA Program Requirement 1: Clearly describe the applicant's vision for improving college and career readiness, through expanding advanced academics. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Many of the students in Marfa ISD will be first generation college students. By creating a environment that is college driven, students will be more will to continue their education after high school. One of the major problems occurring in Marfa ISD is that student enroll in college but either never attend or do not complete the program. What we are trying to do is create an enviroment that is college ready with a strong support system. One that has a facilitator and the means to continue assisting the student outside of the classroom and beyone their years here in Marfa ISD.

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Schedule #17—Responses to TEA Program Requirements

County-district number or vendor ID:

Amendment # (for amendments only):

TEA Program Requirement 2a: Describe in detail how the applicant will select AP course(s) that are valuable for students in their LEA/region (grounded in data that supports the decision). Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

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Schedule #17—Responses to TEA Program Requirements

County-district number or vendor ID: 189901

Amendment # (for amendments only):

TEA Program Requirement 2b: Describe in detail how the applicant will provide adequate space, instructional materials, and internet access (if utilizing online/blended learning) for AP courses. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

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By TEA staff person:

At this time we are not providing AP courses but hope that by increasing the number of students in dual credit classes the need and desire for AP courses will become part of Marfa ISD.

Schedule #17—Responses to TEA Program Requirements

County-district number or vendor ID: 189901

Amendment # (for amendments only):

TEA Program Requirement 2c: Describe in detail how the applicant will set the expectation that students will participate in the corresponding AP exam(s). Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

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Schedule #17—Responses to TEA Program Requirements

County-district number or vendor ID:

Amendment # (for amendments only):

TEA Program Requirement 2d: Describe in detail how the applicant will recruit and retain highly-qualified teachers for AP course(s). Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

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Schedule #17—Responses to TEA Program Requirements

County-district number or vendor ID:

Amendment # (for amendments only):

TEA Program Requirement 2e: Describe in detail how the applicant will provide initial and ongoing professional development to AP teachers through training, coaching, and mentoring opportunities. Response is limited to space

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provided, front side only. Use Arial font, no smaller than 10 point.

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Schedule #17—Responses to TEA Program Requirements

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Amendment # (for amendments only):

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TEA Program Requirement 2f: Describe in detail how the applicant will allocate staff time to ensure the success of AP courses and facilitate AP exam administration. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Click and type here to enter response.

Schedule #17—Responses to TEA Program Requirements

County-district number or vendor ID:

Amendment # (for amendments only):

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TEA Program Requirement 2g: Describe in detail how the applicant will recruit students to enroll in new AP course(s), include the projected number students to be served by the grant during each year of implementation as well as the projected number students impacted by grant services over time. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Click and type here to enter response.

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By TEA staff person:

County-district number or vendor ID:	Amendment # (for amendments only):
TEA Program Requirement 2h: Describe in detail how the applicant will market the AP purpose and benefits to students and parents/guardians. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.	
Click and type here to enter response.	

Schedule #17—Responses to TEA Program Requirements**For TEA Use Only**

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By TEA staff person:

County-district number or vendor ID:	Amendment # (for amendments only):
TEA Program Requirement 3: Explain how the applicant intends to promote sustainability and access to quality advanced academics opportunities as a result of this grant. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.	
This grant will assist in aiding our Eco Dis students with tools that they could not provide for by themselves. It will help to even the playing field for all.	

Schedule #17—Responses to TEA Program Requirements	
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County-district number or vendor ID:

Amendment # (for amendments only):

TEA Program Requirement 4: Charter school district applicants and applications that include charter schools as part of an SSA must clearly demonstrate how they will serve students within rural district attendance areas outlined in the eligibility list. All other applicants may leave this response blank. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Click and type here to enter response.

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